



PTO/SB/17 (05-07)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2007		Application Number	10/766,488-Conf. #1533
		Filing Date	January 29, 2004
		First Named Inventor	Shin Ishibashi
		Examiner Name	H. Sanghavi
		Art Unit	2874
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Attorney Docket No.	31238-200393	
TOTAL AMOUNT OF PAYMENT		(\$)	0.00

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>22-0261</u> Deposit Account Name: <u>Venable LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
						<u>Small Entity</u>	
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
_____ - 20 = _____		x _____	= _____		Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
_____ - 3 = _____		x _____	= _____				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
_____ - 100 = _____	/50 = _____	(round up to a whole number) x _____	= _____				
4. OTHER FEE(S)							
Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): _____							

SUBMITTED BY			
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		Date	May 8, 2007



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 2874
Examiner: Hemang Sanghavi

In re PATENT APPLICATION of

Applicants: Shin ISHIBASHI et al.
Appln. No.: 10/766,488
Confirmation No: 1533
Filed: January 29, 2004
For: FIBER OPTIC MODULE
Atty. Dkt.: 31238-200393
Customer Number: 26694

Mail Stop Reissue
Commissioner for Patents
PO Box 1450
Arlington, VA 22313-1450

RESPONSE

Sir:

In response to the Office Action (Ex Parte Quayle) of April 19, 2007, Applicants submit the present Response. As mandated by the Office Action, this Response includes a complete listing of claims, with the added reissue claims underlined.

Listing of Claims begins on page 2 of this paper

Status of Claims and Support for Claim Changes begins on page 35 of this paper.

Remarks begin on page 36 of this paper.

It is not believed that any fees are due with the filing of this paper. In the event that such fees are due, please charge Deposit Account No. 22-0261 and notify the undersigned accordingly.